Congress of the United States
Washington, DC 20510

November 10, 2026

The Honorable Orice W. Brown
Acting Comptroller General of the United States
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Acting Comptroller General Brown,

We write to request that the Government Accountability Office (GAO) undertake an investigation of how existing and expanding uses of machine learning and artificial intelligence (AI) tools—including deterministic and non-deterministic large language models (LLMs)—by hospitals and insurers when coding, billing, and making coverage determinations impacts the cost and quality of care.

AI has the potential to help develop drugs, diagnose patients more effectively, cut down on paperwork for physicians, and improve speed for insurer decision-making. But its largely federally unregulated use for administrative tasks within the health care field poses significant risks to patient care and costs. While these benefits are promising, we must determine how the use of AI is impacting patient care and affordability.

Patient costs have continued to rise drastically in recent years. Many individuals and families saw their insurance premiums double or even triple after Congress failed to extend the Affordable Care Act (ACA) enhanced premium tax credits.[1] More than one million people have lost health coverage this year because the Trump administration has allowed prices to skyrocket for ACA plans and cut Medicaid coverage for our most vulnerable families.[2] Individuals are being forced to stretch their budgets thinner than ever to maintain their health insurance, some having to choose between affording medical care and putting food on the table or making rent. AI use by hospitals and insurers may only further burden patients if left unchecked.

Health Insurance Companies

Health insurance companies are using AI to streamline the labor-intensive work of processing claims and prior authorizations. While potentially being faster to make an initial prior authorization determination, without meaningful review by a clinician with relevant expertise and transparent decision-making, care delays and increased wrongful denials are increasingly likely. Pending lawsuits against UnitedHealth, Cigna, and Humana raise the question: is the use of AI by insurers denying American families' access to their covered benefits?

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1 https://www.washingtonpost.com/health/2025/10/24/obamacare-premiums-rise-30-percent/
2 https://www.americanprogress.org/press/release-one-year-after-trumps-one-big-beautiful-bill-act-millions-have-lost-health-coverage-and-food-assistance/

UnitedHealth's suit was brought by individuals whose nursing home care coverage was terminated before their treatment for serious medical conditions was completed. UnitedHealth states that coverage decisions are finalized by humans, but the plaintiffs argue that employees are instructed to follow AI model projections regardless of their accuracy. Humana is similarly being sued for AI use resulting in wrongful denial of care. A lawsuit against Cigna alleges that the company is using an algorithm to deny hundreds or thousands of claims at once if requests do not meet certain predetermined criteria. Plaintiffs argue that Cigna is bypassing California law requiring insurers to review each claim for benefits with a "thorough, fair, and objective investigation."[3, 4] As the judicial system examines the efficacy of AI use by insurance companies for determinations, a comprehensive investigation into these practices must be conducted.

Strong evidence shows how delays and denial of benefits can result in patient harm, and we must determine if and how AI may be exacerbating such delays and denials.[5] An investigation into these practices must be conducted to further understand implications for patients.

Hospitals

Hospitals can use AI as one of many tools to enhance their coding efficiency and accuracy. Today's standardized coding system, the Current Procedural Terminology (CPT), consists of over 11,000 CPT codes, with significant changes made to the system each year.[6]

Insurance companies claim that increased AI use has led to more patients being coded as medically complex even when there have not been changes to the treatment someone receives. Companies like Blue Cross Blue Shield argue that between 2023 and 2025 patients are increasingly recorded as having secondary conditions costing them over $650 million.[7] They argue that the secondary conditions identified rarely change the care delivered, calling into question coding practices.

Patients can benefit from AI assisting medical professionals in providing more holistic care and reducing coding errors. However, it is unclear if this is the case or if AI is simply identifying all possible ways the visit could be reimbursed, regardless of what treatment the patient received. More clarity is needed around AI's impact on coding and billing and the implications for both patient care and premiums.

Investigation by GAO

Given the importance of providing appropriate and timely health care to all individuals and ensuring costs do not increase further for patients, we ask GAO to investigate and answer the following questions, to the extent practicable:

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3 https://www.vox.com/good-medicine-newsletter/503932/ai-health-insurance-united-medicare-cigna-humana
4 https://www.statnews.com/2023/07/24/cigna-lawsuit-claim-denials/
5 https://www.hopkinsmedicine.org/news/articles/2025/10/researchers-find-measurable-patient-harm-linked-to-prior-authorization
6 https://www.ama-assn.org/practice-management/cpt/cpt-code-set-basics-and-resources
7 https://www.bcbs.com/about-us/association-news/bcbsa-analysis-ai-coding-tools-affects-healthcare-costs

1. To what extent have different types of health care providers, suppliers, and insurance companies adopted innovative technologies—including deterministic and non-deterministic LLMs and other AI tools—to reduce administrative burden and facilitate claim adjudication?
    a. How are employees trained and incentivized to use such technologies, and how is their use monitored over time?
    b. What types of outputs do such tools provide, and to what extent are model outputs traceable to an actual rational for a decision?
2. How are health care providers, suppliers, and insurance companies measuring and evaluating the accuracy, reliability, and effectiveness of the innovative technologies they are adopting/using?
    a. What data are used to train models and how is this data assessed for accuracy, bias, and salience? What attributes are used to define model parameters and outputs?
    b. To what extent are providers and insurance companies conducting up-front assessments for bias and accuracy prior to deploying and using AI tools? What criteria and metrics are used and how were they determined?
    c. In what ways are providers and insurance companies monitoring tools after deploying them, including for bias and drift?
    d. How do providers and insurance companies determine acceptable error thresholds and what steps are they taking to protect patients in the event of an error?
3. How is the adoption of AI by health care providers and suppliers affecting interactions with insurance companies, including Medicare Advantage organizations and private plans, for patient service authorization and claims payment?
4. What challenges, if any, are health care providers and suppliers experiencing in using AI to obtain patient service authorization and claims payment from insurance companies?
5. To what extent has the use of these AI tools impacted patient access to care and out-of-pocket costs?
6. To what extent do federal regulations help to ensure the appropriate use of AI by health care providers, suppliers and insurance companies, including Medicare Advantage organizations? Conversely, where are federal laws and regulations falling short?

We appreciate your attention to this issue and look forward to your response to our request.

Sincerely,

Chris Pappas
Member of Congress

Lloyd Doggett
Member of Congress



Suzan K. DelBene
Member of Congress



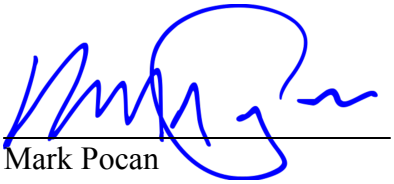
Raja Krishnamoorthi
Member of Congress



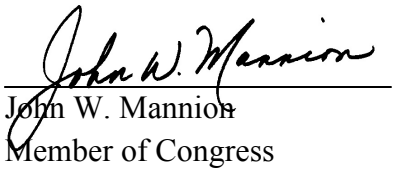
Adam Smith
Member of Congress



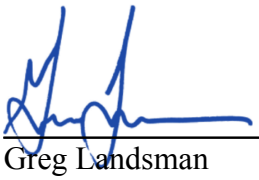
Betty McCollum
Member of Congress



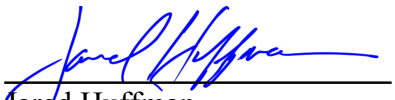
Mark Pocan
Member of Congress



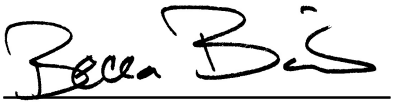
John W. Mannion
Member of Congress



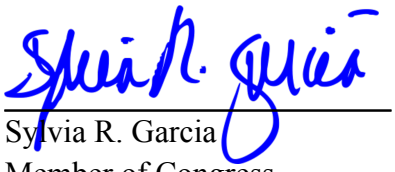
Greg Landsman
Member of Congress



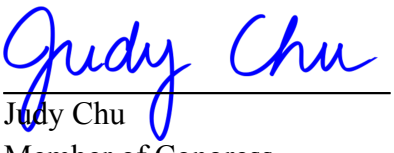
Jared Huffman
Member of Congress



Becca Balint
Member of Congress



Sylvia R. Garcia
Member of Congress



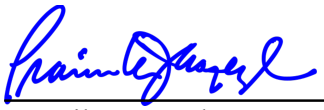
Judy Chu
Member of Congress



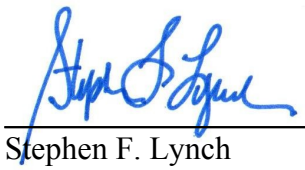
Sarah McBride
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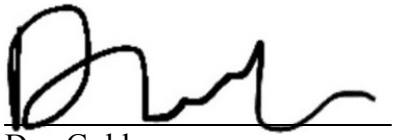
Stephen F. Lynch
Member of Congress



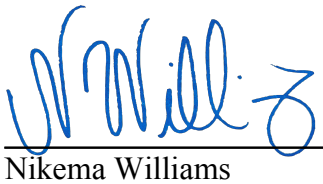
Mark Takano
Member of Congress



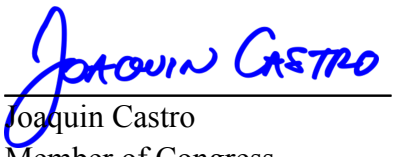
Doris Matsui
Member of Congress



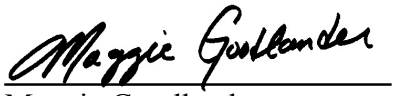
Dan Goldman
Member of Congress



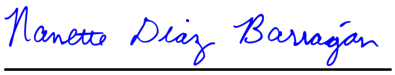
Nikema Williams
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Joaquin Castro
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Maggie Goodlander
Member of Congress



Nanette Diaz Barragán
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Adelita S. Grijalva
Member of Congress